(X6) DATE

If continuation sheet 1 of 2

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED DENTIFICATION NUMBER: A BUILDING B. WING TN9007 01/05/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 124 JOHN REED HOME RD JOHN M REED NURSING HOME LIMESTONE, TN 37681 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N 416 1200-8-6-.04(11)(a) Administration N 416 N - 416 The Facility will put into place a statewide background check system (11) All nursing homes shall initiate a criminal (1-16-2012) on new employees which background check on any person who is will be done prior to or within 7 days employed by the facility in a position which of employment. Also all current involves providing direct care to a resident or employees will have this new procedure patient, prior to or within seven (7) days of put into place and in their employment employment. file by 1-19-2012. This agency is The Tennessee Bureau of Investigation Information (a) Any person who applies for employment in a 1-19-12 Systems Division. position which involves providing direct patient care to a resident in such a facility shall consent 1. Provide past work and personal references to be checked by the nursing home; and/or Agree to release and use of any and all information and investigate records necessary for the purpose of verifying whether the individual has been convicted of a criminal offense in the state of Tennessee, to either the nursing home or its agent, to any agency that contracts with the state of Tennessee, to any law enforcement agency, or to any other legally authorized entity: and/or Supply a fingerprint sample and submit to a state criminal history records check to be conducted by the Tennessee Bureau of Investigations, or a state and federal criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation; and/or Release any information required for a criminal background investigation by a professional background screening organization or criminal background check service or registry. Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

PRINTED: 01/06/2012 FORM APPROVED

Division of Health Care Facilities						FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPL	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER		TIESBO?	STREET AF	EET ADDRESS, CITY, STATE, ZIP CODE		01/0	01/05/2012	
JOHN M REED NURSING HOME 12			124 JOH	JOHN REED HOME RD ESTONE, TN 37681				
(X4) ID PREFIX TAG			EINI	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
N 416	Continued From page 1			N 416	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct statewide background checks on new employees. The findings included: Review of five new hire employee files revealed background checks were being conducted in the counties where the employees had resided for the last seven years. Further review revealed state wide backgound checks were not being conducted. Interview with the Administrator, in the Administrator's office, on January 5, 2011, at 9:30 a.m., confirmed background checks were conducted on new employees but did not include state wide background checks.		vealed d in the ed for aled eing					

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